

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90038 025 ***150.00

DOCUMENT # P04000153316					
1. Entity Name CONTROL SYSTEMS, INC.					
Principal Place of Business 9063 GETTIE DR BROOKSVILLE, FL 34613			Mailing Address 9063 GETTIE DR BROOKSVILLE, FL 34613		
2. Principal Place of Business		3. Mailing Address 6252 COMMERCIAL WAY SUITE, APT. #, etc. #106			
Suite, Apt. #, etc.		Suite, Apt. #, etc. #106			
City & State		City & State WEEKIE WACHAE FL		4. FEI Number 02-0733512	
Zip		Country 34613		Country HERANDO	
6. Name and Address of Current Registered Agent WALSH, TIM 9063 GETTIE DR BROOKSVILLE, FL 34613				7. Name and Address of New Registered Agent Name: TIM WALSH Street Address (P.O. Box Number is Not Acceptable): 6252 COMMERCIAL WAY SUITE #106 City: WEEKIE WACHAE FL Zip Code: 34613	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: DATE: 2/2/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, TIM 9063 GETTIE DR BROOKSVILLE, FL 34613		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIM WALSH 6252 COMMERCIAL WAY #106 WEEKIE WACHAE FL 34613	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: DATE: 2/2/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					